| POSITION | INITIALS | ID NO. | DATE |
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| | 𝓡𝓴 | | 3/?/ |
| FEE DETERMINATION | | | 4-10-01 |
| O.I.P.E. CLASSIFIER | 𝓋 | | |
| FORMALITY REVIEW | 𝓐𝓛 | 917 | 04-30-01 |
| RESPONSE FORMALITY REVIEW | MD | k8m | 07/25/01 |

## INDEX OF CLAIMS

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| ✔ ................................. Rejected | N ................................. Non-elected |
| = ................................. Allowed | I ................................. Interference |
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| ÷ ................................. Restricted | O ................................. Objected |

| Claim Final | Original | Date | | | | | | | | | Claim Final | Original | Date | | | | | | | | | Claim Final | Original | Date | | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

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